

RETURN FORMS TO THE OLDE TOWNE YOUTH CENTER OR ACTIVITY CENTER

BREAKFAST & ICE SKATING

10610 Westlake Drive, Rockville, MD 20852

Friday, July 12, 2019

9:00am - 3:00pm

Departure Time: 10:00am

*The Center will not be open or staffed for the trip before 9:00am.
Please arrive on time. The trip returns at 3:00pm, but the Center
will be open until 6:00pm if members want to stay.

**Depart from/Return to
Olde Towne Youth Center**

**301 Teachers Way
Gaithersburg, MD 20877**

\$20

GYC & Student Union

Questions? Contact Maura Dinwiddie
301-258-6440 (Youth Center) or 301-258-6350 (office)
301-948-8364 (fax)
yc-oldetowne@gaithersburgmd.gov



Wake up with a nice hearty breakfast followed by
some fun on the ice! Bring money if you would
like to buy concessions at the rink.

Wear long pants and socks!

An optional bagged lunch will be provided.

GYC & Student Union - Breakfast & Ice Skating 7/12/19 #8701

Parent's Last Name _____ Parent's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Ice Skating	OTYC		
			Ice Skating	OTYC		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐
Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 8701

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____